

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		71090	2/2/00
O.I.P.E. CLASSIFIER		71090	2/2/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	1/23/00
2	1/23/00
3	1/23/00
4	1/23/00
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49	1/23/00
50	1/23/00

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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